

**AFFIDAVIT TO CORRECT OR AMEND A BIRTH CERTIFICATE**

**To add a name:** If your child is 3 months of age or less, this affidavit is all you will need to complete. If your child is over 3 months and less than 6 years of age, please submit a document showing you have been using the name within 6 months of the child's birth of the child's birth (examples: baptismal or medical record). The document must show the child's complete name, date of birth, and the date the document was created.

**To amend a name:** If your child is 3 months of age or less, this affidavit is all you will need to complete. If your child is over 3 months and less than 1 year of age, submit a document showing you have been using the name within 6 months of the child's birth (examples: baptismal or medical record). The document must show the child's complete name, date of birth, and the date the document was created.

**To correct parents' information:** A certified copy of the parents' birth certificate is required with this affidavit.

**Please use black ink only and separate the first, middle and last names by using commas.**

**ANY ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT**

DATA	AS IT READS NOW	CORRECTION DESIRED
Child's Name (first, middle, last)		
Father's Name (first, middle, last)		
Mother's Maiden Name (first, middle, last)		
Child's Date of Birth		
Other changes		

The undersigned, declare upon oath that to the best of my knowledge and belief such changes and additions as shown on this affidavit are necessary to make this vital record correct.

**Notary Public:**

**Father's Signature** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and Sworn to or Affirmed Before Me This \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_ \_\_\_\_\_ Notary Stamp/Seal  
Notary Signature and Expiration Date

**Mother's Signature** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and Sworn to or Affirmed Before Me This \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_ \_\_\_\_\_ Notary Stamp/Seal  
Notary Signature and Expiration Date

**Registrant's Signature (must be at least 18 years of age or show proof of emancipation with a certified court order or certified marriage certificate)** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and Sworn to or Affirmed Before Me This \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_ \_\_\_\_\_ Notary Stamp/Seal  
Notary Signature and Expiration Date

**Affidavit processed by** \_\_\_\_\_ **Office Location** \_\_\_\_\_